

## CERTIFICATION OF VITAL RECORD

DEPARTMENT OF STATE HEALTH SERVICES  
VITAL STATISTICS UNIT

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS NOV 21 2016 STATE OF TEXAS		CERTIFICATE OF DEATH		STATE FILE NUMBER	142-16-165937
1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last) <b>GABRIEL MIRANDA JR.</b>		(Maiden) 2. DATE OF DEATH ACTUAL OR PRESUMED (mm-dd-yyyy) <b>NOVEMBER 14, 2016</b>		2. DATE OF DEATH ACTUAL OR PRESUMED (mm-dd-yyyy) <b>NOVEMBER 14, 2016</b>	
3. SEX <b>MALE</b> 4. DATE OF BIRTH (mm-dd-yyyy) <b>DECEMBER 28, 2002</b> 5. AGE-Last Birthday (Years) <b>13</b> 6. BIRTHPLACE (City & State or Foreign Country) <b>RICHMOND, TX</b>		7. SOCIAL SECURITY NUMBER <b>639-84-9551</b> 8. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Unknown		9. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage)	
10a. RESIDENCE STREET ADDRESS <b>1202 LITTLE CREEK DRIVE</b> 10d. COUNTY <b>CAMERON</b>		10b. APT. NO. <b>NA</b>		10c. CITY OR TOWN <b>HARLINGEN</b>	
10e. STATE <b>TEXAS</b>		10f. ZIP CODE <b>78550</b>		10g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
11. FATHER'S NAME PRIOR TO FIRST MARRIAGE <b>GABRIEL MIRANDA SR.</b>		12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE <b>MARIA FUENTES</b>			
13. PLACE OF DEATH (CHECK ONLY ONE) IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)					
14. COUNTY OF DEATH <b>HIDALGO</b>		15. CITY/TOWN, ZIP* (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO.) <b>EDINBURG, 78539</b>		16. FACILITY NAME (If not institution, give street address) <b>DOCTOR'S HOSPITAL AT RENAISSANCE</b>	
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED <b>GABRIEL MIRANDA SR. - FATHER</b>		18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code) <b>1202 LITTLE CREEK DRIVE, HARLINGEN, TX 78550</b>			
19. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from state <input type="checkbox"/> Other (Specify)		20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>ORLANDO ALBERTO ELIZONDO ,BY ELECTRONIC          SIGNATURE - 11051</b>		21. <input type="checkbox"/> Unknown Section <b>R</b> Block _____ Lot <b>42</b> Space <b>5</b>	
22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) <b>MONT META MEMORIAL PARK CEMETERY</b>		23. LOCATION (City/Town, and State) <b>SAN BENITO, TX</b>			
24. NAME OF FUNERAL FACILITY <b>TRINITY AT HARRISON FUNERAL HOME</b>		25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code) <b>1002 E HARRISON, HARLINGEN, TX 78550</b>			
26. CERTIFIER (Check only one) <input type="checkbox"/> Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input checked="" type="checkbox"/> Medical Examiner/Judge of the Peace - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.				27. SIGNATURE OF CERTIFIER <b>CHARLIE ESPINOZA , BY ELECTRONIC SIGNATURE</b> 28. DATE CERTIFIED (mm-dd-yyyy) <b>NOVEMBER 16, 2016</b> 29. LICENSE NUMBER <b>11:45 AM</b> 30. TIME OF DEATH (Actual or presumed)	
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code) <b>CHARLIE ESPINOZA 212 NORTH 12 TH AVE, EDINBURG, TX 78541</b>				32. TITLE OF CERTIFIER <b>JP</b>	
33. PART 1. ENTER THE CHAIN OF EVENTS - DISEASES, INJURIES, OR COMPLICATIONS - THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY ARREST, OR VENTRICULAR FIBRILLATION WITHOUT SHOWING THE ETIOLOGY. DO NOT ABBREVIATE. ENTER ONLY ONE CAUSE ON EACH. <b>IMMEDIATE CAUSE (Final          disease or condition ----&gt;          resulting in death)</b>				34. WAS AN AUTOPSY PERFORMED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>CAUSE OF DEATH</b>		a. BLUNT FORCE HEAD TRAUMA Due to (or as a consequence of):  b. Due to (or as a consequence of):  c. Due to (or as a consequence of):  d.		Approximate interval Onset to death	
PART 2. ENTER OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I.				35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
36. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		37. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown		38. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to one year before death <input type="checkbox"/> Unknown if pregnant within the past year	
40a. DATE OF INJURY(mm-dd-yyyy) <b>NOVEMBER 14, 2016</b>		40b. TIME OF INJURY <b>11:00 AM</b>		40c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
40d. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area) <b>STREET</b>				40f. COUNTY OF INJURY <b>HIDALGO</b>	
40e. LOCATION (Street and Number, City, State, Zip Code) <b>1900 S. HWY 281-NORTHBOUND LANE, EDINBURG, TX 78541</b>					
41. DESCRIBE HOW INJURY OCCURRED <b>DECEDENT OPENED EMERGENCY REAR DOOR OF SCHOOL BUS AND JUMPED WHILE BUS WAS IN MOTION</b>					
42a. REGISTRAR FILE NO. <b>030941</b>		42b. DATE RECEIVED BY LOCAL REGISTRAR <b>NOVEMBER 21, 2016</b>		42c. REGISTRAR <b>REGISTRAR - CITY OF EDINBURG, ELECTRONICALLY FILED</b>	

This is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Section 191.051, Health and Safety Code.

ISSUED NOV 21 2016

Miranda PL 000440

VICTOR A. FARINELLI  
ACTING STATE REGISTRAR

EXHIBIT K

VS-112 REV 1/2006

The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine up to \$10,000. Health and Safety Code, Sec. 95.1989

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EDR NUMBER 000001999502

Banknote Corporation of America

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



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